



EQUINE RESCUE *of* AIKEN

532 Glenwood Drive
Aiken, SC 29803
(803) 643-1850

<http://aikenequinerescue.org>
info@aikenequinerescue.org

VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming a volunteer with Equine Rescue of Aiken. Please complete and sign this form and return it to our office via fax, email, or postal mail. If you have any questions, please feel free to contact us at the phone number listed above. We look forward to working with you.

We encourage all applicants to tour the farm before beginning their volunteer work. The tour will provide valuable information about the facility, its operations, its policies, and safety issues. Volunteer hours are Monday through Saturday between 9:00 a.m. and 1:00 pm.

VOLUNTEER INFORMATION

Name: _____ Date: _____

Home Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____

** Will only be used to contact you regarding volunteer events/opportunities*

Age: 10-17 _____ (Will require signature of Parent/Guardian) 18 or older: _____

Emergency Contact: _____ Phone: _____

How did you hear about the volunteer opportunities with Equine Rescue of Aiken?

- | | | | | | |
|-----------------|--------------------------|-------------------|--------------------------|--------------|--------------------------|
| Website | <input type="checkbox"/> | Friend Referral | <input type="checkbox"/> | Facebook | <input type="checkbox"/> |
| Event | <input type="checkbox"/> | Ad | <input type="checkbox"/> | Twitter | <input type="checkbox"/> |
| Local Resident | <input type="checkbox"/> | Another Volunteer | <input type="checkbox"/> | Veterinarian | <input type="checkbox"/> |
| Internet Search | <input type="checkbox"/> | Newspaper | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Do you have any medical restrictions or physical limitations that we should be aware of?

Yes _____ No _____ If Yes, please describe (optional) _____

Thank you!